



POLICY
Project

HIV/AIDS
SSO4

SEMI-ANNUAL REPORT

OCTOBER 1, 2001–MARCH 31, 2002

Strategic Support Objective 4:

*Increased use of improved, effective, and
sustainable responses to reduce HIV
transmission and to mitigate the impact
of the HIV/AIDS pandemic*

The Futures Group International

in collaboration with:

Research Triangle Institute (RTI)

**The Centre for Development and
Population Activities (CEDPA)**

HIV/AIDS

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I. Introduction/Background

A. Summary Project Description

POLICY II began on July 7, 2000 and continues until July 6, 2005. The Futures Group International implements the project in collaboration with Research Triangle Institute (RTI) and The Centre for Development and Population Activities (CEDPA). This report covers POLICY's HIV/AIDS activities and accomplishments during the period from October 1, 2001 to March 31, 2002.

The POLICY Project endeavors to improve policies affecting family planning/reproductive health (FP/RH), HIV/AIDS, and safe motherhood programs and services in developing countries. Multisectoral collaboration, community empowerment, respect for human rights and gender equality, and support for vulnerable populations, including orphans and other children affected by HIV/AIDS, characterize POLICY's approach to policy and program development. In working to promote and sustain access to high-quality FP/RH, HIV/AIDS, and maternal health services, the project addresses the full range of policies, including:

- National policies as expressed in laws and official statements and documents;
- Operational policies that govern the provision of services;
- Policies that impact gender, youth, and human rights; and
- Policies and plans in related sectors, such as education, labor, and the environment.

To achieve its main objective, the project strives to

- Broaden and strengthen political and popular support to ensure commitment to – and build an enabling environment for – effective HIV/AIDS policies and programs;
- Improve planning and financing mechanisms to provide the resources and operational arrangements needed to implement policies and programs, and also to prevent the inefficient use of the new resources;
- Provide and disseminate accurate, up-to-date, and relevant information that serves as the foundation for sound policy decision making; and
- Enhance in-country and regional capacity to participate in policymaking processes and thereby contribute to the long-term sustainability of policies and programs.

The POLICY Project's HIV/AIDS portfolio has grown considerably in recent years. The project receives funding from USAID's Office of Population, Office of HIV/AIDS, regional bureaus (including Africa and Asia and the Near East), and individual country missions to achieve the following SSO4 Intermediate Results (IRs):

- 4.3 Improved knowledge about and capacity to address the key policy, cultural, financial and other contextual constraints to preventing and mitigating the impacts of HIV/AIDS;
- 4.4 Strengthened and expanded private sector organizations in delivering HIV/AIDS information and services; and
- 4.5 Improved availability of, and capacity to generate and use, data to monitor and evaluate HIV/AIDS/STI prevalence, trends and program impacts.

POLICY's Approach to HIV/AIDS

The POLICY Project embraces a multisectoral approach to HIV/AIDS. The challenge of HIV/AIDS cannot be addressed effectively if it is treated narrowly as a public health or medical issue alone. HIV/AIDS is interconnected with and exacerbated by a host of factors (e.g., poverty, gender), and it has the ability to uniquely affect all sectors of society. Meaningful strategies to prevent the spread of HIV, care for people living with HIV/AIDS (PLWHA), and mitigate the impacts of the epidemic require the mobilization and coordination of efforts and resources across sectors.

As a strong advocate for addressing HIV/AIDS through comprehensive responses, the POLICY Project collaborates with government and civil society counterparts to strengthen support for and enhance the *synergy* of broad-based, multisectoral HIV/AIDS policies and programs. Enhancing personal and institutional capacity to respond to the ever-increasing demands of the epidemic stimulates improved policy, program, and operational responses, which also encourages increased funding at global, national, and local levels.

POLICY's HIV/AIDS Partners

A key component of POLICY's approach to improving HIV/AIDS programs and services is to build in-country capacity to participate in and contribute to policymaking processes. To do this, POLICY collaborates with a variety of government and civil society counterparts, including

- ***Government Departments and Agencies.*** The POLICY Project's government partners include national AIDS councils, national AIDS control programs, and relevant departments at the national and local levels (e.g., health, education, labor, welfare, finance, uniformed services, women, social services, and transportation). POLICY works with these government entities to develop guidelines, strategic plans, operational policies, and financing mechanisms to address HIV/AIDS. POLICY also assists individual parliamentarians and coalitions of lawmakers in making HIV/AIDS a national priority and strengthening commitment to address the epidemic. In addition, POLICY facilitates law and policy reviews to encourage compliance with international human rights standards.
- ***PLHWA Associations.*** POLICY's work with PLHWA associations builds on international standards and guidelines, including the Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA) Principle and the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS Declaration of Commitment. Until PLWHA are meaningfully involved in policymaking, program design, and community mobilization, prospects for addressing the HIV/AIDS epidemic will be diminished. The POLICY Project encourages the active policy engagement of PLWHA by building the capacity of national, regional, and international associations of PLWHA. POLICY is also active in developing strategies to help PLWHA confront stigma and discrimination.
- ***Faith-based Organizations.*** Faith-based organizations (FBOs) in developing countries not only provide spiritual guidance for their followers, they are also often the primary providers of a variety of local health and social services. Situated within communities and building on relationships of trust and respect, FBOs also have the ability to influence the attitudes and behaviors of their fellow community members. These factors make FBOs critical to efforts to combat HIV/AIDS and FBOs are increasingly recognizing the need to respond to the epidemic. POLICY provides technical assistance to FBOs with the aim of strengthening their capacity to provide care and support services for PLWHA, as well as reduce the stigma and silence surrounding HIV/AIDS.

- ***World of Work.*** The POLICY Project collaborates with organizations in the world of work, such as trade unions and business associations, to develop appropriate workplace HIV/AIDS policies and programs. These policies and programs should eliminate discrimination against PLWHA, safeguard employee benefits (e.g., health insurance and leave), and serve as a conduit for awareness-raising and prevention efforts. In addition, POLICY uses computer models, such as the AIDS Impact Model (AIM) and Goals, to project the demographic characteristics and effects of the epidemic, as well as the economic consequences of HIV/AIDS and the relative costs and benefits of different strategies to combat the disease.
- ***Development Nongovernmental Organizations (NGOs).*** HIV/AIDS has the potential to reverse – and hinder the future achievement of – hard won economic and human development gains in many countries. The epidemic can diminish workforces, limit educational opportunities, marginalize vulnerable groups, exacerbate poverty levels, usurp resources, and bring about other consequences that negatively impact a nation’s development. The POLICY Project seeks to mainstream HIV/AIDS issues into the activities of NGOs operating in the development sector, including professional associations, women’s and youth groups, and environmental organizations. POLICY provides technical and logistical assistance to NGOs to improve understanding of the links between HIV/AIDS and development, as well as enhance advocacy, strategic planning, financing, and monitoring and evaluation capabilities with regard to HIV/AIDS.

Operationalizing POLICY’s HIV/AIDS Work

The POLICY Project engages in a range of activities to facilitate the development of policies that effectively address HIV/AIDS and mitigate the impacts of the epidemic. These activities are described below.

- ***Advocacy and Awareness Raising.*** POLICY’s advocacy efforts are designed to build political and popular support for multisectoral HIV/AIDS policies and programs. POLICY conducts training workshops with a wide range of stakeholders to enhance their ability to design, implement, and evaluate advocacy campaigns to increase support for specific HIV/AIDS issues. In doing so, the project involves actors not traditionally included in policy processes, such as civil society groups, NGOs, FBOs, PLWHA networks, women’s groups, health care providers, professional associations, research institutions, individual policy champions, and others. Awareness-raising efforts also seek to inform groups, particularly PLWHA and other vulnerable groups, about their human and legal rights.
- ***Strategic Planning, Resource Allocation, and Policy Formulation.*** POLICY works with government programs and civil society and private sector organizations to conduct strategic planning exercises that include broad participation and result in realistic action plans to achieve specific goals. A primary objective is to ensure that financing mechanisms and operational policies are in place to carry out the strategic plans and national policies. To further enhance understanding of the economic impact of HIV/AIDS, POLICY staff are also active in maintaining and participating in the International AIDS-Economics Network (IAEN), whose collaborators include the World Bank and USAID. This network of economists and interested professionals meets regularly, both in-person and electronically, to review and discuss the latest information on the economic impacts of the epidemic and program financing.
- ***Information for Decision Making.*** The POLICY Project is active in developing insightful policy analysis tools and informational products that are accessible to a variety of audiences. To begin with, POLICY has developed a composite index for measuring the degree to which the in-country policy

environment is supportive of policies and programs. In addition, in conjunction with USAID, UNAIDS, and others, POLICY developed the *AIDS Program Effort Index*, which measures the level of effort in country responses to the epidemic. The project also utilizes and provides training in the use of computer models, such as the AIDS Impact Model (AIM) and EPP. These computer models project the social and economic consequences of HIV/AIDS, estimate current and future national HIV prevalence rates, calculate the costs and benefits of different strategies, and more. POLICY also supports research intended to improve our understanding of the processes that lead to successful policies and maintains a comprehensive database of HIV/AIDS policy statements that can be searched via the Internet.

- ***Capacity Building and Training.*** At each step of the policy process – advocacy, resource allocation, research and monitoring, policy reform, and so on – the POLICY Project seeks to build the capacity of its in-country partners. POLICY provides training and technical assistance on a variety of issues and activities, including developing campaigns, using computer models, conducting strategic planning exercises, and forming networks and partnerships around HIV/AIDS issues. Capacity building fosters the development of in-country policy champions and ensures the sustainability of efforts to develop lasting, meaningful approaches to address HIV/AIDS.

POLICY's Crosscutting HIV/AIDS Issues

As discussed above, the HIV/AIDS epidemic presents several interlocking challenges and choices, yet each aspect must be tackled hand-in-hand with the others. For example, VCT will not succeed in slowing the spread of HIV until the stigma associated with HIV/AIDS is eliminated. And prevention efforts will not succeed until the factors that put people at risk – poverty, marginalization, lack of opportunities, inequalities – are addressed. POLICY has identified three crosscutting issues that must be integrated into each aspect of the project's work, whether it is strengthening popular support, formulating policies, generating information, or building capacity. These crosscutting issues are

- ***Human Rights.*** As it is linked to the success of so many other activities, reducing stigma and discrimination and promoting human rights is a priority for the POLICY Project. POLICY views human rights not just as one important aspect of HIV/AIDS policies and programs, they are the very foundation on which effective strategies to address the epidemic must be built. POLICY's activities in this arena are designed to improve understanding of the human rights issues related to HIV/AIDS and provide strategies to address these issues. This involves legal reviews and recommendations for policy and legislative reform; the development of indicators to measure human rights abuses and evaluate programs on the basis of human rights criteria; advocacy and awareness raising to reduce stigma associated with HIV/AIDS; and capacity building to help PLWHA confront stigma and discrimination.
- ***Gender.*** Men and women experience HIV/AIDS differently depending on gender. "Gender" refers to the characteristics, roles, and identities that societies assign to groups of people based on their sex and sexuality. In particular, women bear an inordinate burden of the epidemic – they are often blamed for the spread of HIV and they provide a majority of the care and support for PLWHA. POLICY promotes gender-sensitive approaches and works to enhance understanding of the interrelationships between gender and HIV/AIDS (e.g., gender-based violence or the special needs of commercial sex workers (CSW) and men-who-have-sex-with-men (MSM)). POLICY staff are also active in the Interagency Gender Working Group (IGWG) and its Task Force on Gender and HIV/AIDS.
- ***Youth, Orphans, and Other Vulnerable Children.*** Youth have special needs when it comes to HIV/AIDS policies and programs, including access to youth-friendly services and protection from harmful

practices. In addition, the epidemic has given rise to the phenomenon of AIDS orphans and other vulnerable children (OVC), who are affected both physically and emotionally. The POLICY Project works with governments and civil society partners to review and develop policies that address youth and OVC issues. The project also conducts and disseminates research on the demographic impacts of HIV/AIDS and facilitates advocacy for youth and OVC issues.

In these ways, the POLICY Project encourages a multisectoral approach that encompasses target issues and populations that are critical to the success of HIV/AIDS policies and programs.

B. Summary of Activities

HIV/AIDS activities are carried out with core funds from the Office of HIV/AIDS, from various regional bureaus (Africa and ANE), and with field-support funds from USAID Missions in individual countries. Core HIV/AIDS funds are used to

- Advance and update our technical knowledge around global HIV/AIDS trends within a multisectoral framework;
- Demonstrate or test new and innovative approaches toward tackling issues of global HIV/AIDS policy constraint; and
- Shed light on a critical HIV/AIDS policy issues that otherwise would not be funded by a Mission.

The main activities carried out during the reporting period with HIV/AIDS core funding are presented below.

- **Tenth International Conference for People Living with HIV/AIDS (GNP+).** Highlights of the October 2001 GNP+ conference included promotion of key aspects of the POLICY-supported GNP+ Global Advocacy Agenda developed at the previous GNP+ Conference in Poland in 1999. During this conference, POLICY spearheaded the stigma and discrimination track of the global advocacy agenda by increasing understanding of internal stigma and the role that national PLWHA associations can play in addressing this issue of global significance. POLICY also supported the development of key strategies and linkages between GNP+ and UNAIDS.
- **AIDS and Economics.** POLICY organized and chaired a meeting of the International AIDS and Economics Network (IAEN) on October 18, 2001 on the topic of “Global Allocation of HIV/AIDS Resources.” Approximately 130 individuals attended this meeting. Individuals from the POLICY Project, the World Bank, and a number of other institutions made presentations on issues of AIDS and economics. POLICY staff expanded and improved upon the IAEN website by making recommendations concerning additional material and format. POLICY has assumed responsibility as the editor of this website.
- **Africa Growth and Opportunity Act (AGOA) Forum.** POLICY staff assisted in preparing for the AGOA Forum that was held in Washington, D.C. on October 30, 2001, by preparing the following three papers that were presented at the meeting: *Implications for Achieving AGOA Objectives; How Are Finance and Planning Ministries Responding?*; and *How Are Trade and Commerce Ministries Responding?*

- **Human Rights.** POLICY staff created a tabular presentation on *Human Rights in POLICY*, designed to facilitate orientation and access to international human rights instruments of significance to POLICY country activities. POLICY staff organized HIV/AIDS-related brown bag lunch presentations, including: *Stigma and Discrimination*; and *Applications of the AIDS Program Effort Index (API)*.
- **Zambia Institute of Mass Communication (ZAMCOM).** ZAMCOM continued its media campaign on the employment rights of PLWHA using television and newspaper advertisements. ZAMCOM also completed a brochure on the employment rights of PLWHA. The ZAMCOM campaign identifies the Human Rights Referral Center, administered by the Network of Zambian People Living with HIV/AIDS (NZP+), as a referral group for people who believe that their employment rights have been infringed because of their HIV status. Clients visiting the center stated they saw advertisements about their rights and about center services on television, in newspapers, or in ZAMCOM-produced brochures. At the end of October and in early November, a “pre-launch” television interview program was broadcast to explain to the public the purpose of the advertisements. After the pre-launch, the advertisements were regularly shown. Women and Law in Southern Africa (WLSA) also completed and published a manual on laws and regulations related to HIV/AIDS and human rights, titled *Guidelines on Employment, HIV/AIDS, and Human Rights*.
- **XIIth International Conference on AIDS and STDS in Africa (ICASA).** Highlights of POLICY’s work for the December 2001 ICASA included the preconference satellite session focusing on the HIV/AIDS policy formulation and implementation needs of eight countries in Francophone Africa as well as a satellite session to promote USAID’s Communities Organized in Response to the HIV/AIDS Epidemic (CORE) Initiative. POLICY also participated in training for African journalists on the economic impact of AIDS, a USAID press conference on the impact of AIDS on the business sector, and a USAID/UNAIDS/World Bank post-conference workshop on human capacity requirements for the expanded response.
- **UNAIDS Reference Group.** POLICY collaborated with UNAIDS and the U.S. Census Bureau to prepare estimates of the number of people infected with HIV worldwide. POLICY also participated in the UNAIDS Reference Group that developed a new model (EPP) to estimate national prevalence from surveillance data and has modified SPECTRUM to use the output of EPP to determine numbers of infections, new infections, and AIDS deaths.
- **Goals Model.** POLICY completed work on the manual for the Goals Model. Using field-support funds, the model is being applied in three countries to help make resource allocation decisions consistent with the current knowledge regarding the cost-effectiveness of interventions.
- **OVC.** POLICY developed a conceptual framework for addressing key policy issues for orphans and vulnerable children (OVC) at the country level. This plan will be implemented during 2002 in a number of African countries in order to develop global lessons for fast tracking OVC policy issues and concerns. POLICY also initiated work on a review of national policies, legislation, and coordinating mechanisms to inform and provide recommendations to USAID and others on improving national responses to protect orphans and other vulnerable children.
- **CORE Initiative.** The POLICY Project is the implementing partner for USAID’s Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative, which targets technical and financial assistance to faith- and community-based organizations addressing HIV/AIDS and mitigating the impacts of the epidemic at the local level. The CORE Initiative’s work is being advanced through four

primary components: conferences and workshops, empowerment grants, demonstration projects, and the Online Resource Center (<http://www.coreinitiative.org>). The major activities completed during the reporting period include:

- ***First International Muslim Leaders' Consultation on HIV/AIDS.*** Under the leadership of the Islamic Medical Association of Uganda (IMAU), and with support from the CORE Initiative, the “First International Muslim Leaders’ Consultation on HIV/AIDS” brought together 86 Muslim community and other international representatives from more than 20 countries across Africa, Asia, the Middle East, and North America. The consultation, held in Kampala, Uganda, from November 1–4, 2001, marked the first time Muslim leaders have come together in an international forum to collaborate on HIV/AIDS. The delegates developed a “way forward” strategy document, pledged to disseminate the action plan and conduct follow-up workshops in their countries, and planned to convene a second consultation in Malaysia in 2002.
- ***Empowerment Grants Program.*** POLICY managed two rounds of empowerment grant applications, including solicitation of applications, selection of the short list of applicants, coordination of the final review and selection process, and distribution of award letters and funds. Application deadlines were on September 15, 2001, and December 31, 2001, with award winners announced on December 9, 2001, and February 19, 2002, respectively. The grants program received more than 820 applications from more than 70 countries. To date, about \$200,000 in empowerment grants has been awarded to 45 faith- and community-based organizations from 29 countries.
- ***Anglican Church of the Province of Southern Africa Demonstration Project.*** Following up on the first-ever “All Africa Anglican Conference on HIV/AIDS” which was held in Johannesburg, South Africa, from August 13-16, 2001, POLICY (South Africa) designed a training manual to guide the HIV/AIDS strategic planning process of the Anglican communion across sub-Saharan Africa. This step by step planning model has been used to facilitate the formulation of HIV/AIDS plans across the Church Province of Southern Africa (CPSA), and POLICY has conducted 16 workshops to assist in the development of these diocesan-level plans. The CPSA has replicated this planning process and used it to conduct workshops in additional dioceses. It is expected that all CPSA diocesan-level plans will be finalized and formally adopted by mid-2002, culminating in a complete strategic planning framework for the Anglican Church at both the provincial and local level.
- ***Women's Initiative on Gender, Faith, and Responses to HIV/AIDS in Africa Demonstration Project.*** The CORE Initiative is collaborating with the Yale Divinity School to launch the “Women’s Initiative on Gender, Faith, and Responses to HIV/AIDS in Africa.” As a first step, the CORE Initiative and Yale Divinity School hosted a conference in New Haven, Connecticut, from February 27–March 3, 2002, on the topic of “Gender, Faith, and HIV/AIDS in Africa.” The conference brought together women theologians from 16 countries and 22 faiths. Through personal testimony and theological and ethical discussion, the participants explored their own and their faith communities’ roles in the response to the HIV/AIDS epidemic.
- ***Online Resource Center.*** The Online Resource Center was publicized and launched at a USAID press conference officially launching the CORE Initiative on November 30, 2001,

as part of USAID's World AIDS Day Activities. The website includes a variety of resources related to the initiative and to work with faith- and community-based organizations and HIV/AIDS. On March 20, 2002, the CORE Initiative released the first issue of its online newsletter.

- **Gender and HIV Task Force.** Members of the Gender and HIV Task Force from POLICY and USAID conducted 58 in-depth interviews with representatives from USAID, the CA community, and other donors/actors in the USA and the field to collect information about gender issues in HIV/AIDS in their programs, current programming to address these issues, tools, methodologies and lessons learned, and priorities for the next five years. Task Force members (POLICY staff) analyzed the data, prepared a written report of the preliminary findings, and developed a presentation which was delivered to the full Task Force on February 26. The team incorporated the comments in March and started work on a revised presentation, as well as a comprehensive list of resources and tools.
- **Core Packages on Stigma and Discrimination.** Core packages in Mexico and South Africa aim to reduce stigma and discrimination against PLWHA and HIV/AIDS. Both projects include collecting baseline data, developing sound indicators on stigma and discrimination, and identifying barriers to use and access to a range of services (health care, welfare, employment, housing, and legal support). They also work to improve the image of PLWHA and HIV/AIDS in the media. The core package in Mexico received final approval in December 2001. Thus far, POLICY has negotiated work on the baseline survey and indicators development with CENSIDA, INSP, Colectivo Sol, and Macro/MEASURE. In April 2002, USAID also approved the core package in South Africa, which will get underway in the next reporting period.
- **Southern Africa Development Council (SADC).** Working with the Health Sector Coordinating Unit of SADC, POLICY completed a review of HIV/AIDS policies in member states. The report, entitled "A Review of National and Sector HIV/AIDS Policies in the Member States of SADC," was presented at the US/SADC Forum in March. POLICY is also helping SADC to develop model guidelines on voluntary counseling and testing (VCT) to help member states update their national guidelines.
- **Southern Africa Faith-Based Workshops.** POLICY conducted a three-day follow-up workshop, entitled "Challenging Faith-Based Communities: Towards HIV and AIDS Action that Make a Difference," for 37 participants from nine SADC countries. The purpose of the workshop was to strengthen and deepen the work of selected faith-based organizations in the implementation of their current and future HIV/AIDS programs. The Most Reverend Njongonkulu W. Ndungane and Professor Denise Ackerman were keynote speakers at the conference.
- **U.S. Ambassador's Small Grants Program.** These programs provide small grants to development NGOs in Botswana, Lesotho, and Swaziland that are not currently active in HIV/AIDS. POLICY provides training in integrating HIV/AIDS into project plans and transfers skills in proposal development and in monitoring and evaluation. In February, POLICY conducted a workshop entitled, "HIV and AIDS: Publicizing the Epidemic," for 35 journalists from Swaziland and Lesotho.
- **HEARD.** POLICY negotiated with HEARD on two subcontracts. The first was to support the employment of the research director at the University of Natal. A specific workplan for this individual was designed, including the identification of regional activities, training for students at the University of Natal, and oversight of activities being conducted in the area of AIDS and economics. The second subcontract, which was negotiated with HEARD and Abt Associates in South Africa, was designed to

assist Ministries of Health in the region to assess the ways in which HIV/AIDS will impact their staff and operations.

- **Vietnam.** POLICY conducted an HIV/AIDS policy assessment for Vietnam in January–February 2002. The objective was to assess the policy environment by identifying HIV/AIDS policy gaps and issues, and to develop an implementation plan for an operational PLWHA policy that addresses the stigma and discrimination surrounding HIV. POLICY presented stakeholders in Vietnam with an HIV/AIDS policy assessment report, which then informed the design of a proposed program of activities for Vietnam in FY03.
- **Nepal Assessment.** POLICY, in consultation with the National Center for AIDS and STD Control (NCASC), the Nepal Initiative (an international donor collaboration initiative including UNAIDS, DfID, etc.), and government, donor, and NGO stakeholders, conducted a rapid assessment of Nepal’s HIV/AIDS policy environment in March 2002. The purpose of the assessment was to survey the current policy environment, to identify policy barriers to the effective implementation of the national response, and to make specific recommendations for policy improvements that would be included into the new national HIV/AIDS strategic plan (2002–2006) that is currently under development. POLICY presented the report, “Walking the Talk. Nepal: A Rapid HIV/AIDS Policy Assessment,” at a meeting attended by more than 75 senior government ministers, international donors, and civil society stakeholders. Selected policy recommendations from the report are being incorporated into the new national strategic plan, based on the consensus reached at the meeting.

C. The Status of the Project

Since the inception of POLICY II in July 2000 the Project’s HIV/AIDS portfolio has continued to expand dramatically—both in terms of countries where activities are carried out and also in the range of policy interventions that fall within the Project’s scope. The majority of the project’s HIV/AIDS funds come from field support—which is a clear indication of both the necessity and function of the multisectoral HIV/AIDS policy interventions supported through the project, but also of strong mission support. The project is now working in 16 countries and in the West Africa and Southern Africa regions, and carries out programs for both the Africa Bureau and ANE Bureau in HIV/AIDS.

POLICY’s technical areas of focus have gained much ground during this reporting period. The linkages between USAID’s HIV/AIDS response as reflected in *Leading the Way: USAID Responds to HIV/AIDS* and POLICY’s strategic focus areas are evident. POLICY clearly addresses the following areas highlighted by USAID in support of “creating an enabling environment:”

1. *Stigma reduction* is reflected in the groundbreaking stigma and discrimination “core packages” currently being carried out in South Africa and Mexico. POLICY’s cutting-edge work on expanding and strengthening UNAIDS’ two current indicators of stigma and discrimination will ensure that one of the lasting legacies of this project will be its work on stigma and discrimination. The core packages reflect that the process is part of the product—for in developing indicators and programmatic interventions for stigma and discrimination POLICY has ensured that participation and involvement are key ingredients.

2. *The promotion of human rights* both as a policy principle and a crosscutting issue is paramount within the project but is also reflected in specific activities such as the legal assessments conducted in Tanzania and Peru.

3. *The greater involvement of people living with HIV/AIDS* is reflected not only in the staff/consultants that are hired in many local POLICY offices, but also in POLICY's specific work with the Global Network of People living with HIV/AIDS and with national HIV/AIDS councils. The importance of involvement as a key indicator of political commitment is part of a sustained response.

4. *Policy dialogue and advocacy* is reflected in POLICY's work with faith and community leaders and with decision makers and politicians around policy issues as diverse as resource allocation and policy issues facing orphans and children made vulnerable because of the epidemic. POLICY's Goals Model is an excellent example of advocacy around an issue in action. This model stimulates discussion from a wide range of role players, which may also lead to increased resources allocated to HIV/AIDS issues in a number of POLICY countries.

5. *Multisectoral engagement* is the cornerstone of POLICY's HIV/AIDS approach and reflects not only the diversity of the many groups engaged in policy-related work, but is also an approach actively supported in all interventions. The HIV/AIDS policy assessment conducted in Nepal during this reporting period reflects both the views of multisectoral parties and the policy implications of this approach.

6. *Human and institutional capacity development* is evident in the large number of local staff who are the lasting legacy of all developmental support. During this reporting period, the number of local staff has increased to meet the demands made on the project.

In order to optimize its HIV/AIDS response, POLICY has also strengthened its management team and hired additional staff. POLICY has appointed an IR Director for Planning and Finance (Stephen Forsythe) and expects to fill the position of Director for HIV/AIDS Advocacy/Participation in the next reporting period. In addition, to strengthen the project's HIV/AIDS gender work, an additional resource person was hired (Anne Eckman).

The project has received strong support and guidance from the Office of Population for its expanded HIV/AIDS role and, in collaboration with other HIV/AIDS CAs, continues to support the goals of the HIV/AIDS Office.

D. Key Accomplishments

The POLICY Project contributed to results in 11 countries as well as to key regional and global activities. Several key accomplishments are listed here, which are described in greater detail in Section II.B below.

Policy Formulation

- **Ethiopia.** The Confederation of Ethiopian Trade Unions formally adopted HIV/AIDS Workplace Guidelines.
- **Nigeria.** Catholic Bishop's Conference approved and adopted the draft Catholic HIV/AIDS Policy, which spells out, for the first time, how the Nigerian Catholic Church views HIV/AIDS prevention and treatment options.

- **REDSO/ESA.** Ministers of Health in 14 countries covered by the Commonwealth Regional Health Community Secretariat formally approved and adopted the Regional HIV/AIDS Strategy for East, Central, and Southern Africa, 2002–2006.
- **South Africa.** Impala Platinum, the world’s second largest platinum producer, officially adopted an HIV/AIDS policy in December 2001.
- **Zambia.** The National HIV/AIDS Secretariat adopted “Guidelines on Employment, HIV/AIDS, and Human Rights” for use in the FACEAIDS workplace program. Subsequently, the Zambia Business Coalition also adopted the guidelines.

Advocacy and Awareness Raising

- **Kenya.** Political and popular support was strengthened as a result of the following actions: The Networking Committee for AIDS Control Units in government ministries was established to enhance communication between ACU staff and senior ministry officers and the National AIDS Control Commission (NACC). POLICY contributed to the founding of the national Gender and HIV/AID Subcommittee of NACC, marking the first time HIV/AIDS and gender advocacy groups have been brought together. Finally, NACC made a commitment to greater involvement with the Inter-religious AIDS Consortium (IRAC) in HIV/AIDS programs and issues and to be responsive to its concerns.
- **South Africa.** Ten new district Civil Military Alliance Committees have been formed in the province of Kwa-Zulu to better reach local communities and implement well-coordinated HIV/AIDS programs and projects. In addition, following the national faith-based Indaba, a nine-member National Working Group representing all nine provinces was formed to coordinate the HIV/AIDS responses in the faith-based sector and to work in collaboration with the Department of Health and the Southern African National AIDS Council.
- **Tanzania.** Members of Parliament formed the Tanzanian Parliamentary ADIS Coalition (TAPAC), which was officially launched in the Parliament in a session hosted by the Tanzanian president.
- **Zambia.** The HIV/AIDS Advocacy Network was formed with 20 members representing diverse HIV/AIDS programs and initiatives at the community level.

Strategic Planning and Resource Allocation

- **Kenya.** POLICY obtained \$20,000 in funding from the World Bank to involve local communities in the development of the national Gender and HIV/AIDS Strategy.
- **Mexico.** Multisectoral citizen groups obtained approximately \$12,000 in funds to carry out local AIDS activities.
- **South Africa.** POLICY helped local government departments in Gauteng Province develop AIDS plans. Plans for the Social Services, Transport, and Education departments were subsequently approved.

- **South Africa.** Three dioceses of the Church of the Province of Southern Africa developed HIV/AIDS plans for their respective communities following POLICY's strategic planning workshops and using the project's planning manual as a guide.

Information for Decision Making

- **Malawi.** The Reproductive Health Unit director used data produced with POLICY support in an advocacy presentation at the launch of the National Reproductive Health Program and Policy.
- **Haiti.** POLICY produced several documents that were incorporated into the draft National Strategic HIV/AIDS Plan and the MOH Priority Action Plan.

Capacity Building and Training

- **Cambodia.** POLICY helped to strengthen the Cambodian Positive People's Network by building its organizational development skills.
- **South Africa.** POLICY-trained master training facilitators have conducted 19 local government training programs, resulting in 410 local government officials and councilors receiving new information about HIV/AIDS and the advocacy role they can play in local government in relation to HIV/AIDS.
- **South Africa.** By establishing a mentoring system to support 17 NGOs and CBOs, POLICY has increased the opportunity that these organizations have in accessing direct TA to support the management of local AIDS projects.
- **Ecuador.** Following training in a SIDILAC workshop, that POLICY helped facilitate, participants decided to form a national network of NGOs devoted to improving the policy environment in Ecuador.

II. POLICY Project HIV/AIDS Performance Review

A. Technical and Analytic Documents Produced and Disseminated

Country	Title	Author	Date
Africa	• African Growth and Opportunities Act Forum: Plenary Session on HIV/AIDS: Introduction to Background Papers	POLICY	Oct-01
	• African Growth and Opportunities Act Forum: Plenary Session on HIV/AIDS: Paper 1: The Implications for Achieving AGOA Objectives	POLICY	Oct-01
	• African Growth and Opportunities Act Forum: Plenary Session on HIV/AIDS: Paper 2: How Are Finance and Planning Ministries Responding?	POLICY	Oct-01
	• African Growth and Opportunities Act Forum: Plenary Session on HIV/AIDS: Paper 3: How Are Trade and Commerce Ministries Responding?	POLICY	Oct-01
	• HIV/AIDS in Southern Africa: Background, Projections, Impacts and Interventions	POLICY	Oct-01
Ghana	• HIV/AIDS in Ghana: Background, Projections, Impacts, Interventions and Policy	NACP	Dec-01
Haiti	• Le sport facteur de risque et moyens de lutte contre le VIH/SIDA	Guy Marcel Craan	Jan-02
	• Plan stratégique national de lutte contre le SIDA: Cadre d'analyse	Laurent Eustache, Guy Marcel Craan	Jan-02
	• Plan stratégique nationale de lutte contre le SIDA: Analyse du contexte général, questions stratégiques	L. Eustache Craan	Jan-02
	• Projections épidémiologiques du VIH/SIDA: Mise à jour des paramètres, sources et hypothèses dans le cadre du Plan Stratégique National 2000–2006	Eric Gaillard, MSPP, IHE, UNAIDS, GHESKIO	Mar-02
Kenya	• The Kenya National HIV/AIDS Strategic Plan 2000–2005: Popular Version	National AIDS Control Council	Oct-01
Mexico	• Situation Analyses of HIV/AIDS in the State of Vera Cruz	POLICY	Mar-02
Mozambique	• Impacto de Demografico do HIV/SIDA em Mocambique	Instituto Nacional de Estatística, and others	Feb-02

Country	Title	Author	Date
Nigeria	• Estimating the Number of Orphans at the National and State Levels in Nigeria, 2000–2015	Robert Ssengonzi and Scott Moreland	Jan-02
	• Nigeria Catholic HIV/AIDS Policy	Catholic Secretariat of Nigeria	Feb-02
	• HIV/AIDS in Nigeria: Overview of the Epidemic	NACP, NACA, POLICY	Mar-02
REDSO/ESA	• Regional HIV/AIDS Strategy for East, Central and Southern Africa 2002–2006	Commonwealth Regional Health Community Secretariat for East, Central and Southern Africa	2001
South Africa	• HIV/AIDS & Disability: Exploring the Connection, the Impact and your Priorities	South African Federal Council on Disability, POLICY	Oct-01
	• A Step by Step Guide to HIV/AIDS Planning for the Anglican Community	Melanie Judge, Nikki Schaay	Oct-01
	• Winning Women's Organizations: HIV/AIDS – Strengthening our Responses (Workshop Report)	POLICY	Oct-01
	• HIV/AIDS & the Corporate Sector: The Connections, the Impact, and the Challenge (Workshop Report)	NAP, POLICY	Nov-01
	• Getting Ahead with our Partnership and Realizing our Potential to Combat the HIV/AIDS Pandemic (Workshop Report)	DOH, CMA, POLICY	Nov-01
	• HIV/AIDS in the Workplace (Workshop Report)	DOH, POLICY	Nov-01
WARP	• Atelier satellite consacré aux questions de formulation de politique de lutte contre le SIDA: Rapport	POLICY	Jan-02
	• Atelier satellite CISMA	POLICY	Jan-02
	• Atelier satellite de la CISMA consacré aux questions de formulation de politique de lutte contre le SIDA: Questionnaire destiné aux pays	POLICY	Jan-02
	• Atelier satellite sur les questions de formulation de politique de lutte contre le IST/VIH/SIDA en Afrique francophone	POLICY	Jan-02
Zambia	• HIV/AIDS Training of Trainers Workshop on Advocacy and Alliance Building	POLICY	Jan-02

B. Summary of Results Achieved by SSO4 Intermediate Results

This section lists results achieved in FY01 according to USAID SSO4 intermediate results. Results are listed by region and alphabetically by country within regions.

4.3 Develop and promote approaches that address key contextual constraints and opportunities for prevention and care interventions

Africa region

- In **Kenya**, a Networking Committee for AIDS Control Units (ACUs) in government ministries was established in October 2001 as a result of POLICY TA. This committee was formed to enhance communication between ACU officers and staff and senior ministry officers and NACC, and to clarify and support ACUs' roles and responsibilities. The Networking Committee has three main purposes: (1) to improve information exchange and lateral learning among ACUs; (2) to represent the interests of the ACUs to NACC and senior managers in their respective ministries; and (3) to present a united voice on ACU needs, to government, donors, and other stakeholders. The Networking Committee is chaired by the ACU in the Ministry of Trade and Industry; the secretariat is headed by the ACU in the Ministry of Transport and Communications. POLICY assisted the Networking Committee in preparing a briefing paper for the director of NACC on issues that constrain the effectiveness of the ACUs. POLICY also participated in a series of ACU consultative meetings to review past ACU experiences and make recommendations on next steps.
- On February 21, 2002, the Catholic Bishop's Conference of **Nigeria** approved and adopted the draft Catholic HIV/AIDS Policy, which followed extensive TA by POLICY for conceptualizing, drafting, and reviewing the policy. For the first time, this new policy spells out how the Nigerian Catholic Church views HIV/AIDS prevention and treatment options and how church-based health service clinics should deal with HIV/AIDS as well as what is referred to as "pastoral care." While the new policy does not endorse the use of condoms for protection, significantly it does not prohibit them.
- In **Nigeria**, the HIV/AIDS Emergency Action Plan (HEAP), which POLICY helped develop, calls for the development of state-level plans. In this regard, POLICY provided TA to the Technical Advisory Committee of the Oyo State Action Committee on AIDS to finalize a three-year HIV/AIDS action plan, which was approved in Ijebu Ode during a March 18–20, 2002, meeting.
- Ministers of Health in 14 countries covered by the Commonwealth Regional Health Community Secretariat (CRHCS, supported by **REDSO/ESA** and other donors) formally approved and adopted the Regional HIV/AIDS Strategy for East, Central, and Southern Africa, 2002–2006 on October 26, 2001. This strategy sets forth a comprehensive plan for guiding the 14 member governments to vastly expand and improve their HIV/AIDS programs and mandates a regional response for prevention, mitigation, and care and treatment for HIV/AIDS. The strategy includes forecasting of budgetary requirements and a plan for mobilization of resources to meet these requirements by country and across the region. POLICY contributed materially to the formulation, and the interim and final revisions of the strategy by providing estimates of the costs of scaling up prevention, care, and treatment programs to national levels in countries covered by the plan, by providing technical assistance in writing up key sections of the strategy, and by advocating for its passage among governments and donors.

- Following POLICY's training of 18 local government master training facilitators in **South Africa** in May 2001, as of December 31, 2001, the master training facilitators have conducted 19 local government HIV/AIDS training programs across the country, resulting in 410 local government officials and councilors receiving new information about HIV/AIDS and the advocacy role they can play in local government in relation to HIV/AIDS issues. These programs were carried out independently and are now being evaluated by POLICY.
- Coordinating and stimulating multisectoral government responses to the HIV/AIDS crisis is a critical need in **South Africa**. To support a strong multisectoral response, POLICY helped government departments in Gauteng Province to develop departmental AIDS plans for 2002. The HIV/AIDS plans for three government departments—Social Services, Transport, and Education—were subsequently formally approved in November 2001. The three departmental plans promote access to a range of care and support services as follows:
 - The Social Services plan makes available disability grants to HIV positive people and support grants for caregivers of HIV/AIDS orphans. They are also promoting awareness of HIV/AIDS within the programs they fund by ensuring that all programs reflect an AIDS-friendly component.
 - The Transport plan promotes co-ordination with civil society organizations to ensure access to services through, for example, the placement of condom dispensers along major trucking routes. The plan also places a strong emphasis on employee education and awareness programs that make the transport sector particularly vulnerable to HIV/AIDS (mobility, family disruption, etc.).
 - The Education plan ensures implementation of the national HIV/AIDS School Policy and that, within the province, the rights of HIV positive learners (to be at school) and HIV positive teachers (to continue to teach) are upheld. The plan also promotes services for awareness raising about HIV/AIDS within the broader school curricula.

POLICY provided TA in plan development, through a strategic planning workshop, to members of the Gauteng Provincial Government Workplace Task Team in August 2001. The Task Team, as the coordinating body for Provincial Government Department HIV/AIDS programs, facilitated the process of HIV/AIDS planning for seven departments, four of which are still in the process of completing their plans for approval.

- In **South Africa**, 10 new district Civil Military Alliance Committees have been formed in the Province of Kwa-Zulu Natal. In October 2001, POLICY provided assistance to a provincial HIV/AIDS workshop/conference for the Kwa-Zulu Natal Civil Military Alliance for 160 people from the management structures of the Police, Defense Force, and Correctional Services. A major outcome of the workshop was that the group decided to create district-level committees to represent each of the 10 health districts, as Kwa-Zulu Natal is a vast province, heavily hit by HIV/AIDS. The purpose of the committees is to reach the communities at the grassroots more effectively and implement well coordinated HIV/AIDS programs and projects.
- In **South Africa**, three dioceses of the Church of the Province of Southern Africa developed HIV/AIDS plans for their respective communities. POLICY supported the Anglican Communion's HIV/AIDS planning process through the facilitation of three HIV/AIDS planning workshops, in the church dioceses of Umtata, Kokstad, and Pretoria during January and February 2002. Using

POLICY's comprehensive planning manual as a guide, two additional dioceses have developed plans to guide their local HIV/AIDS response. Using POLICY's comprehensive planning manual as a guide, two additional dioceses, Grahamstown and Cape Town, developed plans to guide their local HIV/AIDS response.

- In early September 2001, in **Tanzania**, members of Parliament formed the Tanzanian Parliamentary AIDS Coalition (TAPAC), with MP Lediana Mafuru as chairperson. Nearly one-third of the 280 members of Parliament signed on as members of TAPAC, including the Speaker, Deputy Speaker, and Prime Minister. POLICY was instrumental in MP Mafuru's effort early on. During a February 2001 visit to the United States, POLICY facilitated her visit to several staffers and members of the U.S. Congress. MP Mafuru's idea for TAPAC was originally formed after learning about Congress' International HIV/AIDS Task Force, co-chaired by Rep. McDermott (with whom she met in February). TAPAC was officially launched in the Bunge (the Tanzanian Parliament) in early November, in a session hosted by President Mkapa.
- Overcoming stigma and discrimination is increasingly recognized as one of the absolute keys to mitigating the HIV/AIDS epidemic through stronger prevention and care responses. **Zambia** is one of the countries most affected by HIV/AIDS, and the epidemic has been fueled by the stigmatized and discriminatory nature of people's response to PLWHA. The National HIV/AIDS Secretariat adopted "Guidelines on Employment, HIV/AIDS, and Human Rights" developed by the POLICY-supported Women and Law in Southern Africa (WLSA) NGO for use in the FACEAIDS workplace program. The document is intended to assist employers and employees to challenge policies and programs that violate the rights of PLWHA. Thanks to POLICY support, the Zambia Business Coalition on HIV/AIDS (ZBCA) also adopted the guidelines in its program. POLICY provided financial support to WLSA to prepare the guidelines, and in September 2001, initiated dialogue with FACEAIDS and ZBCA to print them for dissemination to governments, NGOs, and private companies outside of Lusaka. The guidelines help reduce stigma and thus stimulate prevention and care-seeking behaviors by employees of the Zambian companies under the USAID-sponsored FACEAIDS Project. In addition, the guidelines stipulate the benefits and emoluments to be covered for workers with HIV/AIDS, including indemnity insurance.

LAC region

- During the course of developing the first draft of the **Haiti** National HIV/AIDS Plan, staff of the Child Health Institute (IHE) greatly improved their planning processes, as evidenced by the use of an analytic framework, the effective use of data, and the considerable involvement of stakeholders in the planning process. The ministry's 1996 HIV/AIDS plan was a top-down process and did not meet either of these two criteria. For the current draft, local POLICY staff helped (and trained) IHE counterparts to incorporate epidemiological projections of AIDS from DEMPROJ and AIM (POLICY SPECTRUM models). They also help incorporate lessons learned from other countries on the implementation of strategic plans. These were discussed by stakeholders and taken into account during the drafting process. IHE completed the draft National Strategic HIV/AIDS Plan on December 21, 2001, and submitted it to the MOH for approval.
- In **Mexico**, the secretary of health and senior officials from Yucatan IMSS and ISSTE (the national social security institutes with millions of members), attended the "March for Life," an annual event organized by the state MCG on World AIDS Day, marking the first time high-ranking officials attended this type of event. The MCG, through its participation on the State AIDS Council and

other forums, convinced the officials to participate in the MCG events for World AIDS Day. The MCG organized an informational session/press conference on November 28, 2001, leading up to World AIDS Day on December 1. The event was intended to publicize the Mexican government's commitments from UNGASS as well as to discuss the theme of stigma and discrimination around HIV/AIDS. During the event, senior officials from IMSS and ISSTE, the national social security institutes, announced their intention to attend the March for Life on December 1, and the MCG was able to announce that the State Secretary of Health also planned to attend. The attendance of all three public officials at the march, along with an estimated 400 people constitutes a sign of real progress in a conservative state where HIV/AIDS remains highly stigmatized and the government's public support has not been strong. In fact, this is the first time any State Secretary of Health has attended a public march on HIV/AIDS in all of Mexico—a fact striking in itself but even more so given that it happened in Yucatan, widely recognized as one of the most conservative states in Mexico. In his remarks on World AIDS Day, the secretary of health noted the importance of prevention programs directed to high-risk groups, including men who have sex with men, and also spoke of the problem of stigma and discrimination in the state. These statements and the show of support from public officials are an important indicator of the progress the MCG and POLICY are making in the state, to gain political support and improve the policy environment for HIV/AIDS programs.

4.4 Strengthened and expanded private sector organizations' responses to delivering HIV/AIDS information services

Africa region

- In March 2002, the Confederation of Ethiopian Trade Unions (CETU) formally adopted its HIV/AIDS Workplace Guidelines. POLICY/**Ethiopia** and the ILO (International Labour Organization) worked with CETU to draft policy guidelines on the workplace and HIV. POLICY provided critical technical comments on the draft document completed in early November after having provided sample workplace guidelines from other countries. CETU is an umbrella organization of over 400 basic trade unions organized under nine industry federations with approximately 400,000 members. The objective of the guidelines is to promote productive work in the face of HIV/AIDS by preventing the spread of the disease, by mitigating the impacts of the disease, and by creating a working environment that is free of any form of discrimination. Scores of Ethiopian companies will implement the guidelines, which provide specific recommendations for interventions not previously funded with regard to dispensation of condoms in the workplace, education programs for workers, and provision of care and support services.
- In May 2001, POLICY/**Kenya** co-founded and has since co-led the national Gender and HIV/AIDS Subcommittee of the NACC. The formation of this subcommittee marks the first time HIV/AIDS and gender advocacy groups have been brought together. Subcommittee participants include staff of UNIFEM, the Society of Women with AIDS in Kenya (SWAK), Women Fighting AIDS in Kenya (WOFAK), Kenya AIDS NGOs Consortium (KANCO), Family Support Institute (FASI), the Centre for Gender and Development, the University of Nairobi STD Centre, UNIFEM, and FHI/IMPACT. POLICY has provided substantial TA and support to the subcommittee and its member organizations, for awareness raising, dialogue, analysis, and strategy development. The work of the subcommittee has (1) highlighted gender vulnerabilities to HIV/AIDS, (2) provided technical guidance to NACC and donors for programming HIV/AIDS activities, and (3) provided

information to NACC to guide a review of the National AIDS Strategic Plan for gender sensitivity and to produce a National Gender and HIV/AIDS Strategy for mainstreaming gender into HIV/AIDS programs and activities.

- Community- and grassroots-level organizations are contributing to the development of **Kenya's** national Gender and HIV/AIDS Strategy as a direct result of POLICY's leadership of the Gender and HIV/AIDS Subcommittee and advocacy by POLICY staff. POLICY advocated for the involvement of local communities. POLICY also assisted the subcommittee in developing a funding proposal to enable its members and consultants to conduct focus-group discussions in selected communities as a means of obtaining their inputs into development of the national strategy. In January 2002, the World Bank agreed to provide the needed funds (\$20,000) to support this initiative to involve local communities.
- As a result of POLICY TA in **Kenya** between October 2001 and January 2002, NACC has made a commitment to greater involvement with the Interreligious AIDS Consortium (IRAC) in HIV/AIDS issues and program, and to be responsive to its concerns. IRAC, a consortium of more than 20 main-line religious groups, including Christian (both protestant and Catholic), Muslim, Hindu, and Sikh, initiated dialogue with the NACC to express (1) its commitment to engage HIV/AIDS issues and programs and (2) its concerns about HIV/AIDS resource allocation and information, education, and communications (IEC) issues. Prior to the creation of IRAC, the HIV/AIDS-related activities of religious groups were scattered and uncoordinated, and there was no effective communication between religious organizations and national policymakers (e.g., NACC). POLICY has provided assistance to IRAC to increase awareness of HIV/AIDS issues, strengthen its leadership, and mobilize involvement of a large number of clergy and lay leaders from IRAC's member religious groups. POLICY also assisted IRAC in holding a large organizational, strategy, and planning workshop. POLICY's assistance has improved IRAC's communications skills, improved the self-confidence of IRAC leaders, and achieved a united voice for IRAC-member religious organizations.
- In **South Africa**, by established a mentoring system to support 17 NGOs and CBOs, POLICY has increased the opportunity that these organizations have in accessing direct TA to support the management of their local HIV/AIDS projects.
- The core of the HIV/AIDS epidemic in **South Africa** (the country with the highest rate of HIV/AIDS prevalence in the world) can be found in the country's largest economic sector—the mining industry. Mining workers have been one of the key vectors in spreading HIV/AIDS to rural South Africa. Stimulating large mining companies to adopt HIV/AIDS workplace policies and programs will be key to controlling the epidemic in the country. As a result of POLICY assistance, Impala Platinum—the world's second largest platinum producer and with 28,300 employees—officially adopted an HIV/AIDS policy on December 7, 2001. The workplace policy's principal interventions are all designed to promote access to HIV/AIDS services. Specific services promoted in the comprehensive workplace policy include prevention programs, awareness and educational programs, and wellness management programs. POLICY facilitated a review of Impala Platinum's current HIV/AIDS workplace policy and program in July 2001 and provided ongoing TA in the drafting phases. The review involved both union representatives and senior management.
- In **South Africa**, following the national faith-based *Indaba*, facilitated by POLICY, a nine-member National Working Group, representing all nine provinces, was formed to coordinate the HIV/AIDS

responses in this sector and to work in collaboration with the Department of Health and the South African National AIDS Council. The *Indaba*, held in March 2002, also resulted in key vision statements, in critical areas of response such as care, prevention, leadership, counseling, death and dying, and pastoral care. These statements will guide the National Working Group's coordinating role, as well as serve as a framework for strengthened HIV/AIDS interventions across different faiths and within the broader sector.

- In **Tanzania**, at the launching of the National Islamic Council/BAKWATA's HIV/AIDS policy statement and declaration of war against HIV/AIDS, January 30, 2002, at Karimjee Hall, Dar es Salaam, Tanzania's highest Islamic leader, Mufti Hemed bin Jumaa bin Hemed, declared war on HIV/AIDS, placing emphasis on encouraging openness in discussions on safe practices and enhanced moral behavior. Speaking at the event was an HIV-positive Muslim man and woman. The Mufti also announced that BAKWATA is establishing an HIV/AIDS unit to develop outreach activities to every mosque on the mainland. BAKWATA's position on AIDS is summarized in a brochure prepared with POLICY technical assistance. The brochure and the launch were supported by a small grant. POLICY provided BAKWATA a first small grant in March 2001 to hold a retreat with the Mufti and the Ulaama Council (senior Islamic advisors) to discuss HIV/AIDS and prepare a policy statement. POLICY also supported participation of the Ugandan Islamic Medical Association and the Ugandan Mufti at the retreat that led to the development of the policy statement and strategy.
- In **Zambia**, the HIV/AIDS Advocacy Network in Southern Province was formed in November 2001 following a POLICY-led TOT workshop. Twenty network members represent diverse HIV/AIDS programs and initiatives at the community level including NGOs, government ministries and the media. The workshop provided training on the advocacy process, including information on how to develop an advocacy plan, how to choose community advocates, how to build alliances and relationships, and how to identify key stakeholders and potential organizational partners from national to community levels. The workshop also trained participants in the use of the AIDS Impact Model (AIM) as an advocacy tool, and provided information on the National HIV/AIDS Strategic Plan.

ANE region

- POLICY/**Cambodia** provided TA to strengthen the Cambodian Positive People's Network (CPN+) which has 13 members. Support has included the provision of a small grant to bring members together for institutional capacity-building training conducted February 25 to March 1, 2002. This was developed in response to a report from CPN+ that PLWHA-member organizations and peer support groups have difficulty participating in the national HIV response because they are lacking the necessary organizational development skills and training. Other support has included English language training for two staff members and one volunteer (all of whom are HIV-positive).

LAC region

- POLICY's LTA in **Mexico**, Edgar Gonzalez, collaborated with SIDALAC to facilitate a workshop in November 2001 on political mapping and HIV/AIDS in Ecuador at the request of an ASICAL member organization, as a follow-up to POLICY's work in Mexico with ASICAL through the SIDALAC Project. At the end of the workshop, the participants decided to form a national network of NGOs devoted to improving the policy environment for HIV/AIDS in Ecuador. They

sent a note to SIDALAC, thanking them and POLICY for the workshop, and crediting Gonzalez with motivating the creation of the network.

- In the state of **Mexico**, the leader of the state's "Multisectoral Citizens Group" (MCG, founded and trained with POLICY support), Beatriz Ramirez, who also is the coordinator of the state HIV/AIDS program, solicited and obtained scholarships totaling US\$4,600 from conference organizers and the State Secretary of Health to cover travel expenses for nearly all of the 30 MCG members to attend the annual AIDS Today Symposium in Mexico City on October 8–9, 2001. The scholarships represent additional funds for HIV/AIDS that would not have otherwise been available to the MCG and demonstrate political support for the MCG in the state of Mexico from the state secretary of health. The MCG in the state of Mexico also coordinated with the State Institute for Health to plan and carry out the Fifth Annual Silent Night March on November 3, 2001. The MCG obtained \$6,850 in government funding to cover the costs of promotional materials for the march, as well as radio announcements inviting participation in the march and for five HIV/AIDS prevention messages (spots) to run on December 1, World AIDS Day.

4.5 Improved availability of and capacity to generate and apply data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts

Africa

- In **Malawi**, on February 14, 2002, the Reproductive Health Unit director gave an advocacy presentation at the launch of the National Reproductive Health Programme and Policy that incorporated national FP/RH user and resource needs projections and national HIV/AIDS prevalence estimates developed with POLICY TA. The presentation promoted the importance of sexual and reproductive health among adults and youth, and advocated the need for political commitment, a multisectoral approach, strong management and sufficient resources to provide high quality, accessible RH services. The program promotion brochure distributed at the launch also included HIV/AIDS prevalence estimates developed with POLICY TA.

LAC region

- In **Haiti**, several recent policy and planning documents use information produced with POLICY support. The December 2001 draft of the National Strategic HIV/AIDS Plan uses demographic and epidemiological projections and an analysis from the AIDS Program Effort Index. The Priority Action Plan of the MOH uses a conceptual framework developed by POLICY for a program to reduce maternal mortality using an approach that integrates specific maternal health services into the broader primary health care system. The World Bank document, "Etat des lieux de l'épidémie de VIH/SIDA en Haïti" [The Current State of the HIV/AIDS Epidemic in Haiti, September 2001], includes references to POLICY's HIV/AIDS epidemiological projections. HS2004 reports that NGOs used the "Minimum Package of Services" (PMS) as the basis for preparing their plans and strategies in their project submissions for funding, which were completed in 2001. POLICY I participated in the development of the PMS in 2000.

III. Country Summaries

1. Cambodia

The goal of POLICY Cambodia is to build and strengthen the HIV/AIDS policy capacity of selected non-health ministries and civil society organizations to design, implement, and evaluate comprehensive HIV/AIDS prevention and care and support programs and policies.

POLICY assists USAID/Phnom Penh and its local partners to implement a multisectoral approach for addressing the HIV/AIDS epidemic in Cambodia within the context of the *National HIV/AIDS Multisectoral Plan*. This will be accomplished by assisting different role players in developing and implementing effective advocacy strategies for HIV/AIDS; strengthening collaboration between the government and nongovernmental sectors; encouraging effective planning for HIV/AIDS programs; and increasing the information used for policy and program development.

2. Ethiopia

POLICY Project activities in Ethiopia are directed toward scaling up the national HIV/AIDS effort by providing support in policy development and strategic planning to the National AIDS Council Secretariat (NACS), Regional AIDS Councils, and key HIV/AIDS NGOs. POLICY supports the implementation of Ethiopia's multisectoral HIV/AIDS program by providing TA in the areas of policy advocacy, priority setting, and use of information for policy and program development. POLICY also assists in increasing the understanding of crosscutting issues of gender and human rights in relation to HIV/AIDS.

3. Ghana

The goals of the POLICY Project in Ghana are to assist the government in implementing the national HIV/AIDS and STI policy. Project assistance focuses on institution building for the National AIDS Control Program (NACP); expanding the advocacy efforts of the National Population Council, Regional Population Councils, and NGOs; and supporting policy dialogue for newly elected members of the executive and legislative branches. This is accomplished through technical, material, and financial assistance and training for the NACP and its partner institutions; TA for regional and district advocacy events; and information dissemination through counterpart organizations, including the Population Impact Project.

4. Haiti

POLICY's HIV/AIDS work in Haiti focuses on helping NGOs and other civil society groups and national and departmental officials to develop and gain support for the national HIV/AIDS policies and programs. This will be accomplished by supporting the Ministry of Public Health and Population (MOH) in the development and implementation of a national HIV/AIDS strategy and in the creation and operation of a public-private sector national reproductive health commission. In addition, POLICY provides technical and financial assistance in advocacy and fundraising to civil society organizations with grassroots membership focused on youth, women, HIV/AIDS, and other interests.

5. Kenya

POLICY/Kenya is working to improve the enabling environment for the provision of HIV/AIDS services. In HIV/AIDS, POLICY is working to strengthen the capacity of government and nongovernmental organizations (NGOs) and institutions across all sectors to develop and implement HIV/AIDS policies and programs, emphasizing a holistic, integrated, and multisectoral approach. Programs address HIV/AIDS education, the military and police, faith-based organizations (FBOs), PLWHA, orphans, youth, gender issues, law, and human rights. POLICY is also promoting the mobilization of additional financial resources through strengthening health policies and systems at the national, provincial, and district levels to achieve improved planning, financing, and quality of HIV/AIDS services.

6. Malawi

POLICY is working to improve the HIV/AIDS policy environment through support of key government, NGO, and other stakeholders in the development, dissemination, and implementation of national policies on HIV/AIDS; and to develop the capacity of the National AIDS Control Commission (NACC) to fulfill its role in coordinating the national multisectoral response and providing technical and other support to implementing organizations.

7. Mali

POLICY is assisting the PNLS (National AIDS Program) to strengthen its capacity for providing leadership and direction to the national HIV/AIDS program. Specifically, POLICY is providing TA in information generation and analysis using the AIM, and advocacy and policy dialogue using presentations based on AIM results. To promote a sustainable capacity for information analysis and advocacy, POLICY is carrying out activities in close partnership with NGOs and other key stakeholders.

8. Mexico

In Mexico, the POLICY Project works to promote enhanced participation in the policy and planning process and to improve the policy environment for HIV/AIDS in targeted states by forming multisectoral planning groups composed of a broad range of state and local organizations working in HIV/AIDS and related fields and by helping them to work for policy change using multisectoral strategic planning, advocacy and networking, and policy dialogue. POLICY provides follow-up TA to help establish the planning groups as permanent advisory boards that, among other things, advocate for improved HIV/AIDS policy and programming in their states. Additionally, POLICY provides technical updates and training on key issues, including youth, gender and adolescents, HIV/AIDS and human rights, advocacy for HIV/AIDS, and policy dialogue tools. POLICY also is working with a consortium of organizations, including the National Center for AIDS Prevention and Control (CENSIDA), the National Institute for Public Health (INSP), HIV/AIDS NGOs (Colectivo Sol and Letra S), PLWHA networks (RedMex and FRENPAVIH) and local human rights and legal consultants to pilot a holistic approach to reducing stigma and discrimination around HIV/AIDS and PLWHA in Mexico. The project includes collecting baseline data and developing new indicators on stigma and discrimination; identifying barriers to use and access of a range of services (health, welfare, housing, legal support) and piloting a training program for health care providers in response to the research; assessing the legal and regulatory situation around HIV/AIDS discrimination; and working with the media to sensitize them to stigma and discrimination issues and present alternative images of PLWHA.

9. Mozambique

The goal of POLICY Project assistance in Mozambique is to help ensure that uniform, timely, and accurate information on HIV/AIDS is available to partners in the National Program to Combat STDs/HIV/AIDS, and that they apply this information for advocacy, program planning and financing, monitoring, and evaluation. Project assistance focuses on strengthening the capacity of a local multisectoral, multidisciplinary technical group (GT) to update projections as new data become available and provide TA to other counterparts in their use. POLICY assists the GT in training other counterparts and provides training and internships for university students; coordinates linkages between the GT and the National AIDS Council (NAC), line ministries, and the private sector; and participates in NAC's monitoring and evaluation and donor-coordination activities.

10. Nigeria

The POLICY Project in Nigeria, in conjunction with stakeholders and interest groups, is working through a multisectoral approach to increase political support, planning, and financing for high-quality HIV/AIDS services. Activities include development of HIV/AIDS policies in the civilian and military population, development of a national population policy, development of strategic plans and advocacy for HIV/AIDS, research on the effects of HIV/AIDS on vulnerable segments of the population, and using accurate information for advocacy and planning.

11. Philippines

In the Philippines, POLICY aims to further build, strengthen, and coordinate the HIV/AIDS policy responses of both the national government and key sectors of civil society. Activities include strengthening local policy responses in support of the Philippine AIDS Prevention and Control Act, identifying information and action gaps on stigma and discrimination in the workplace, studying risks associated with men having sex with men, and reviewing the Philippine Sanitation Code. POLICY coordinates its work with the Philippine National AIDS Council to keep in accordance with the country's Medium Term Plan for the prevention and management of HIV/AIDS.

12. REDSO/ESA

POLICY activities seek to build the capacity of HIV/AIDS institutions in the region. One of the three principal African partners receiving REDSO/ESA support is the Commonwealth Regional Health Community Secretariat (CRHCS). POLICY is building the capacity of the CRHCS, in particular, to strengthen policy analysis, formulation, dialogue, and advocacy activities, both within the CRHCS itself and across the 14-member countries. POLICY recently helped CRHCS produce a regional HIV/AIDS strategy and resource mobilization plan.

13. South Africa

The goal of POLICY Project assistance in South Africa is to build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV/AIDS prevention, care, and support programs and policies. Project assistance focuses on improving multisectoral capacity and involvement in the country's national HIV/AIDS and STD program. This is accomplished by assisting different role-players in developing and implementing effective advocacy strategies for HIV/AIDS; strengthening collaboration between the governmental and nongovernmental

sectors; encouraging effective planning for HIV/AIDS programs; and increasing the information used for policy and program development.

14. Tanzania

The goal of POLICY Project assistance in Tanzania is to improve the policy environment for HIV/AIDS and reproductive and child health (RCH). Objectives include building and strengthening the capacity of government and civil society organizations and institutions across all sectors in order to advocate for policy change within and outside their organizations to improve the design, implementation, and evaluation of HIV/AIDS prevention, care, and support programs and policies. Project assistance focuses on improving multisectoral capacity and involvement in the country's national HIV/AIDS and STD program. Activities are being accomplished by assisting different stakeholders in developing and implementing effective advocacy strategies for HIV/AIDS; strengthening collaboration between the governmental and nongovernmental sectors; encouraging effective planning for HIV/AIDS programs; and increasing the information used for policy and program development.

15. West Africa Regional Program (WARP)

The goal of POLICY Project assistance to the West Africa Regional Program (WARP) is to strengthen political commitment to HIV/AIDS programs. Assistance focuses on generating information critical to policy decision making in HIV/AIDS and expanding the role of parliamentarians, NGOs, and other key groups in these areas. This will be accomplished by assisting selected countries with an application of the AIDS Impact Model (AIM) and with development of plans for effective dissemination of AIM results to national and district leaders; preparation of regional presentations and booklets on the HIV/AIDS situation for such audiences as U.S. Ambassadors and national decision makers; and workshops directed at parliamentarians and NGOs to strengthen their role in implementing the ICPD Program of Action and in taking actions to address HIV/AIDS. Regional partners that are critical for POLICY activities to succeed include the Forum for African/Arab Parliamentarians for Population and Development (FAAPPD), CERPOD, Center for African Family Studies (CAFS), and the Family Health Project (SFPS).

16. Zambia

POLICY's work in Zambia is designed to enhance HIV/AIDS advocacy and community mobilization in Southern Province and to promote HIV/AIDS-related human rights. The project's human rights work is supported by three activities: a legal effort in which Zambian laws and regulations related to HIV/AIDS and human rights are being summarized and put into a manual for use by public and private sector employers; a media campaign to disseminate key information about human rights and referral services; and an HIV/AIDS and Human Rights Referral Center to provide counseling and advice.

IV. Problems and Constraints

The POLICY Project has, in general, not encountered any significant portfolio-wide constraints. To the contrary, among both USAID mission field staff and the IWG members, there has been growing recognition of the importance of an enabling policy environment. Because of this support, the POLICY Project has received numerous requests for an increasing range of policy support assistance, which has involved a large number of POLICY Project staff members.

One area that is proving to be a time-consuming activity, however, relates to the programmatic database (PDB.) It appears that the PDB is best suited for service-orientated projects. Incorporating policy-type activities into the system has been and continues to be quite challenging. In order to ensure a fair reflection of both the depth and scope of policy activities, POLICY has been actively engaged in ensuring that the fields currently available in the PDB are expanded. To minimize our reporting to both the Office of Population and the HIV/AIDS Office and to avoid duplication of effort is an area on which we are currently working.

V. HIV/AIDS Financial Summary

The POLICY Project financial reporting system has been in operation since September 1995 and provides detailed financial reporting to USAID in the form of Quarterly Financial Reports, which include information on budget, expenditures, and level of effort by source of funds and also by country and activity. POLICY Project core funds provided by the HIV/AIDS Division are tracked using a separate project code and subactivity codes.

Financial information pertaining to POLICY's HIV/AIDS work for the period October 1, 2001 to March 31, 2002 is shown in the table below.

Source	Total Obligations	Prior Fiscal Year Expenditures	Expenditures Through 3/31/02	Pipeline
GH-HIV/AIDS Core	2,830,000	700,197	909,794	1,220,010
Africa Region/Southern Africa	2,405,000	731,828	432,326	1,240,846
HIV/AIDS Field Support	8,740,000	3,418,180	2,238,315	3,083,505
HIV/AIDS MAARDs	2,836,516	1,687,823	280,086	868,607
ANE Bureau	829,000	5,861	84,396	738,744
Total	17,640,516	6,543,889	3,944,916	7,151,711